

<i>SERFF Tracking Number:</i>	<i>HART-125343216</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>Hartford Casualty Insurance Company, ...</i>	<i>State Tracking Number:</i>	
<i>Company Tracking Number:</i>	<i>FN.07.883.2007.27</i>		
<i>TOI:</i>	<i>05.0 Commercial Multi-Peril - Liability & Non-</i>	<i>Sub-TOI:</i>	<i>05.0003 Commercial Package</i>
	<i>Liability</i>		
<i>Product Name:</i>	<i>Tech E&O Application Filing</i>		
<i>Project Name/Number:</i>	<i>Spectrum/FN.07.883.2007.27</i>		

Filing at a Glance

Companies: Hartford Casualty Insurance Company, Hartford Underwriters Insurance Company, Twin City Fire Insurance Company, Hartford Fire Insurance Company, Hartford Accident and Indemnity Company, Hartford Insurance Company of the Midwest, Property and Casualty Insurance Company of Hartford

Product Name: Tech E&O Application Filing	SERFF Tr Num: HART-125343216	State: Arkansas
TOI: 05.0 Commercial Multi-Peril - Liability & Non-Liability	SERFF Status: Closed	State Tr Num:
Sub-TOI: 05.0003 Commercial Package	Co Tr Num: FN.07.883.2007.27	State Status: FEES RECEIVED
Filing Type: Form	Co Status: Initial Filing	Reviewer(s): Betty Montesi, Llyweyia Rawlins, Brittany Yielding
	Authors: Joyce Driscoll, Claire Dubord, Marilu Gonzalez, Stephanie Wieczorek, Cheryl Slock	Disposition Date: 11/05/2007
	Date Submitted: 11/02/2007	Disposition Status: Approved
Effective Date Requested (New): 01/01/2008		Effective Date (New): 01/01/2008
Effective Date Requested (Renewal): 01/01/2008		Effective Date (Renewal): 01/01/2008

General Information

Project Name: Spectrum	Status of Filing in Domicile:
Project Number: FN.07.883.2007.27	Domicile Status Comments:
Reference Organization:	Reference Number:
Reference Title:	Advisory Org. Circular:
Filing Status Changed: 11/05/2007	
State Status Changed: 11/02/2007	Deemer Date:
Corresponding Filing Tracking Number:	
Filing Description:	

We herewith submit for approval Form SS 02 47 10 07 Errors or Omissions Liability Supplemental Application and Form SS 20 69 10 07 Errors or Omissions Liability Renewal Supplemental Application as described in the Explanatory Memorandum prepared by Jennifer Wilson, Spectrum Product Specialist.

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<i>TOI:</i>	<i>05.0 Commercial Multi-Peril - Liability & Non- Liability</i>	<i>Sub-TOI:</i>	<i>05.0003 Commercial Package</i>
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The purpose of this filing is to update our application(s) for our FailSafe MEGA Technology Errors or Omissions Liability Coverage.

Company and Contact

Filing Contact Information

Marilu Gonzalez, Administrative Assistant	
Hartford Plaza HO-2-19	(860) 547-3471 [Phone]
Hartford, CT 06115	(860) 547-4849[FAX]

Filing Company Information

Hartford Casualty Insurance Company	CoCode: 29424	State of Domicile: Indiana
Hartford Plaza	Group Code: 91	Company Type: Property
Hartford, CT 06115	Group Name:	State ID Number:
(860) 547-5000 ext. [Phone]	FEIN Number: 06-0294398	

Hartford Underwriters Insurance Company	CoCode: 30104	State of Domicile: Connecticut
Hartford Plaza	Group Code: 91	Company Type: Property
Hartford, CT 06115	Group Name:	State ID Number:
(860) 547-5000 ext. [Phone]	FEIN Number: 06-1222527	

Twin City Fire Insurance Company	CoCode: 29459	State of Domicile: Indiana
Hartford Plaza	Group Code: 91	Company Type: Property
Hartford, CT 06115	Group Name:	State ID Number:
(860) 547-5000 ext. [Phone]	FEIN Number: 06-0732738	

Hartford Fire Insurance Company	CoCode: 19682	State of Domicile: Connecticut
Hartford Plaza	Group Code: 91	Company Type:
690 Asylum Avenue		
Hartford, CT 06115	Group Name:	State ID Number:
(860) 547-5000 ext. [Phone]	FEIN Number: 06-0383750	

Hartford Accident and Indemnity Company	CoCode: 22357	State of Domicile: Connecticut
690 Asylum Ave	Group Code: 91	Company Type: Property
Hartford, CT 06115	Group Name:	State ID Number:

SERFF Tracking Number: HART-125343216 State: Arkansas
First Filing Company: Hartford Casualty Insurance Company, ... State Tracking Number:
Company Tracking Number: FN.07.883.2007.27
TOI: 05.0 Commercial Multi-Peril - Liability & Non- Sub-TOI: 05.0003 Commercial Package
Liability
Product Name: Tech E&O Application Filing
Project Name/Number: Spectrum/FN.07.883.2007.27

(860) 547-5000 ext. [Phone]	FEIN Number: 06-0383030	

Hartford Insurance Company of the Midwest	CoCode: 37478	State of Domicile: Indiana
Hartford Plaza	Group Code: 91	Company Type: Property
Hartford, CT 06115	Group Name:	State ID Number:
(860) 547-5000 ext. [Phone]	FEIN Number: 06-1008026	

Property and Casualty Insurance Company of	CoCode: 34690	State of Domicile: Indiana
Hartford		
Hartford Plaza	Group Code: 91	Company Type: Property
Hartford, CT 06115	Group Name:	State ID Number:
(860) 547-5000 ext. [Phone]	FEIN Number: 06-1276326	

SERFF Tracking Number: HART-125343216 State: Arkansas

First Filing Company: Hartford Casualty Insurance Company, ... State Tracking Number:

Company Tracking Number: FN.07.883.2007.27

TOI: 05.0 Commercial Multi-Peril - Liability & Non- Sub-TOI: 05.0003 Commercial Package Liability

Product Name: Tech E&O Application Filing

Project Name/Number: Spectrum/FN.07.883.2007.27

Filing Fees

Fee Required? Yes

Fee Amount: \$50.00

Retaliatory? No

Fee Explanation:

Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Hartford Fire Insurance Company	\$50.00	11/02/2007	16445493
Hartford Accident and Indemnity Company	\$0.00	11/02/2007	
Hartford Casualty Insurance Company	\$0.00	11/02/2007	
Twin City Fire Insurance Company	\$0.00	11/02/2007	
Hartford Underwriters Insurance Company	\$0.00	11/02/2007	
Property and Casualty Insurance Company of Hartford	\$0.00	11/02/2007	
Hartford Insurance Company of the Midwest	\$0.00	11/02/2007	

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	11/05/2007	11/05/2007

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Disposition

Disposition Date: 11/05/2007
Effective Date (New): 01/01/2008
Effective Date (Renewal): 01/01/2008
Status: Approved
Comment:

Rate data does NOT apply to filing.

Overall Rate Information for Multiple Company Filings

Overall Percentage Rate Indicated For This Filing	0.000%
Overall Percentage Rate Impact For This Filing	0.000%
Effect of Rate Filing-Written Premium Change For This Program	\$0
Effect of Rate Filing - Number of Policyholders Affected	0

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	Explanatory Memorandum	Approved	Yes
Form	Errors or Omissions Liability Supplemental Application	Approved	Yes
Form	Errors or Omissions Liability Renewal Supplemental Application	Approved	Yes

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TOI: 05.0 Commercial Multi-Peril - Liability & Non- Sub-TOI: 05.0003 Commercial Package Liability

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Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Errors or Omissions Liability Supplemental Application	SS 02 47 10 07		Application/ Replaced Binder/Enrollment	Replaced Form #:0.00 SS 02 47 08 01 Previous Filing #: FN.07.883.2001. 10		ss02471007_0039200B.pdf
Approved	Errors or Omissions Liability Renewal Supplemental Application	SS 20 69 10 07		Application/ New Binder/Enrollment		0.00	ss20691007_0039199N.pdf



FAILSAFE® MEGA TECHNOLOGY

ERRORS OR OMISSIONS LIABILITY SUPPLEMENTAL APPLICATION

This is claims first made and reported in writing coverage. Covered claim expenses and damages above the retention amount are payable under this Coverage Part, reduce and may exhaust the limits of liability. We shall not be liable for claim expenses or damages after exhaustion of the applicable limit of liability.

Applicant Contact Information

Insured's Name _____
 Policy Number _____
 Address: _____
 Phone #: _____
 Website Address: _____
 Email Address: _____

Requested Limit

- | | |
|---|---|
| <input type="checkbox"/> \$300,000/ \$300,000 | <input type="checkbox"/> \$1,000,000/ \$4,000,000 |
| <input type="checkbox"/> \$500,000/ \$500,000 | <input type="checkbox"/> \$1,000,000/ \$5,000,000 |
| <input type="checkbox"/> \$500,000/ \$1,000,000 | <input type="checkbox"/> \$2,000,000/ \$2,000,000 |
| <input type="checkbox"/> \$1,000,000/ \$1,000,000 | <input type="checkbox"/> \$3,000,000/ \$3,000,000 |
| <input type="checkbox"/> \$1,000,000/ \$2,000,000 | <input type="checkbox"/> \$4,000,000/ \$4,000,000 |
| <input type="checkbox"/> \$1,000,000/ \$3,000,000 | <input type="checkbox"/> \$5,000,000/ \$5,000,000 |

Requested Retention

- ☐ \$2,500 ☐ \$5,000 ☐ \$10,000 ☐ \$15,000 ☐ \$25,000 ☐ \$50,000 ☐ \$75,000

* A \$2,500 Retention is not available for limits of \$2,000,000/ \$2,000,000 or greater.

Part I

1. Please provide the limit of current E&O coverage. Indicate none if the applicant currently does not have coverage and proceed to question #2. _____

Provide Effective Date of current E&O coverage _____

Provide Retroactive Date of current E&O coverage _____

Provide Carrier of current E&O coverage _____

Indicate requested Retroactive Date _____

Has the applicant maintained/ purchased continuous E&O coverage from the requested Retroactive date until the present? _____

2. Expertise:

_____ Total Number of Employees

_____ Average Years of Professional Experience in Technology Services

_____ Number of Independent Contractors you have under contract

3. Revenue for Projected Fiscal Period:

_____ Total revenue generated from insured's web site
_____ Total revenue from foreign sales
_____ Operating Expenses

4. Describe the applicant's business operations and products in detail:

5. Provide a breakdown of the applicant's revenue by the type of Technology Products/Services offered by the applicant to others indicated below and on following page.

Hardware Products/Services:

_____ MANUFACTURING OF HARDWARE PRODUCTS/COMPONENTS FOR OTHERS _____% SALES
(INCLUDES FIRMWARE FOR THE HARDWARE PRODUCTS THE APPLICANT MANUFACTURES, AS WELL AS, REVENUE GENERATED FROM INSTALLATION/INTEGRATION/MAINTENANCE OF HARDWARE PRODUCTS THE APPLICANT MANUFACTURES)

_____ RESALE OF HARDWARE PRODUCTS MANUFACTURED BY OTHERS _____% SALES

_____ INSTALLATION/INTEGRATION/MAINTENANCE OF HARDWARE PRODUCTS _____% SALES
MANUFACTURED BY OTHERS
(INCLUDES VALUE ADDED RESELLER (VAR) OPERATIONS IN WHICH THE APPLICANT PURCHASES HARDWARE AND PACKAGED SOFTWARE PRODUCTS FOR THEIR CUSTOMER WITH THE ADDED SERVICE OF INSTALLING AND CONFIGURING THE HARDWARE AND SOFTWARE TO CUSTOMER SPECIFICATIONS)

Software Products/Services:

_____ PACKAGED SOFTWARE DEVELOPMENT AND SALES _____% SALES
(PACKAGED SOFTWARE IS SOFTWARE IN WHICH THE CORE SOFTWARE CODE IS THE SAME FOR EVERY CUSTOMER BUT MAY INCLUDE MINOR CUSTOMIZATIONS TO MEET PREFERENCES/NEEDS OF THE CUSTOMER; PLEASE INCLUDE REVENUE GENERATED FROM INSTALLATION/INTEGRATION/MAINTENANCE OF THE APPLICANT'S PACKAGED SOFTWARE)

_____ CUSTOM PROGRAMMING SERVICES & SOFTWARE DEVELOPMENT _____% SALES
(THIS DOES NOT INCLUDE MINOR CUSTOMIZATION TO APPLICANT'S PACKAGED SOFTWARE APPLICATION; THIS CATEGORY PERTAINS TO PROGRAMMING FOR SPECIFIC PROJECTS THAT ARE UNIQUE TO EACH INDIVIDUAL CUSTOMER)

_____ SOFTWARE INSTALLATION/INTEGRATION/MAINTENANCE OF SOFTWARE _____% SALES
PRODUCTS OF OTHERS
(INSTALLATION, MAINTENANCE, AND INTEGRATION OF SOFTWARE DEVELOPED BY OTHERS; THIS TYPE OF SERVICE DOES NOT INCLUDE THE INSTALLATION, MAINTENANCE OR INTEGRATION OF SOFTWARE PRODUCT DEVELOPED BY THE APPLICANT)

_____ APPLICATION SERVICE PROVIDER (ASP) SERVICES _____% SALES
(AN ASP IS A COMPANY THAT MANAGES AND DISTRIBUTES SOFTWARE-BASED SERVICES AND SOLUTIONS TO CUSTOMERS ACROSS A WIDE AREA NETWORK FROM A CENTRAL DATA CENTER)

DOES THE APPLICANT PROVIDE ASP SERVICES FOR SOFTWARE DEVELOPED BY THE APPLICANT?

_____ Yes _____ No

DOES THE APPLICANT PROVIDE ASP SERVICES FOR SOFTWARE DEVELOPED BY OTHERS?

_____ Yes _____ No

_____ WEB SITE DESIGN _____% SALES

Communication/Connectivity Services:

_____ INTERNET ACCESS/WEB SITE & DATA HOSTING / IT CONNECTIVITY SERVICES _____% SALES
(THIS CATEGORY DOES NOT INCLUDE VOICE TELECOMMUNICATION SERVICES – SEE SEPARATE CATEGORY BELOW)

_____ TELECOMMUNICATION SERVICES _____% SALES
(WIRELINE, WIRELESS, VOICE OVER INTERNET PROTOCOL - VOIP, LOCAL/LONG DISTANCE TELEPHONE SERVICES)

_____ INTERNET SEARCH ENGINE & PORTAL SERVICES _____% SALES

Other Information Technology Services:

_____	IT NETWORK AND SYSTEMS MANAGEMENT/SYSTEMS OUTSOURCING (THIS CATEGORY INCLUDES THOSE COMPANIES ENGAGED IN MANAGING THE INFORMATION TECHNOLOGY NETWORK OF OTHERS INCLUDING ACTIVE NETWORK OPERATIONS SERVICES, RESOLVING NETWORK SYSTEM ISSUES, HELP DESK FUNCTIONS, ETC.)	_____ % SALES
_____	INFORMATION SECURITY SERVICES (THIS CATEGORY INCLUDES THOSE COMPANIES ENGAGED IN SPECIALIZED INFORMATION SECURITY SERVICES INCLUDING IT NETWORK PENETRATION TESTING, IT NETWORK ASSESSMENTS, INFORMATION SECURITY ASSESSMENTS, IT NETWORK INTRUSION DETECTION SERVICES, ETC.)	_____ % SALES
_____	CONSULTING SERVICES (THIS CATEGORY IS FOR APPLICANTS THAT STRICTLY PROVIDE ADVICE TO THEIR CUSTOMERS ON INFORMATION TECHNOLOGY; THIS CATEGORY DOES NOT INCLUDE CONSULTING ON PRODUCTS AND SERVICES THAT OFFERED BY THE APPLICANT; THE REVENUE FOR CONSULTING SERVICES ON PRODUCTS AND SERVICES OFFERED BY THE APPLICANT SHOULD BE INCLUDED IN THE CATEGORY FOR THE SPECIFIC PRODUCT OR SERVICE; PLEASE CONTACT THE UNDERWRITER IF THE APPLICANT PROVIDES CONSULTING SERVICES ON ANYTHING OTHER THAN INFORMATION TECHNOLOGY PRODUCTS AND SERVICES)	_____ % SALES
_____	IT STAFFING SERVICES (PLACEMENT OF IT PERSONNEL AT THE DIRECTION & CONTROL OF OTHERS ON A TIME & MATERIALS BASIS)	_____ % SALES
_____	OTHER (DESCRIBE FULLY)	_____ % SALES
<hr/>		
<hr/>		
<hr/>		

6. What are the Applications/End Uses of the applicant's technology products/services?

It is essential that we fully understand the applications/end uses of the applicant's technology products/services. In other words, we need to know the actual functions and purposes of the technology products/services. Please select the appropriate categories that best describe the applications/end uses of the applicant's technology products/services. The following categories are utilized to determine what the technology actual does or is responsible for doing.

_____	TRAINING EDUCATION (THIS CATEGORY WOULD INCLUDE PRODUCTS AND SERVICES THAT TRAIN OR EDUCATE OTHERS ON TECHNOLOGY)
_____	PHYSICAL PROCESS APPLICATIONS/END USES (THIS CATEGORY WOULD INCLUDE TECHNOLOGY THAT IS INVOLVED WITH THE PHYSICAL CONTROL OR OPERATION OF MACHINERY, EQUIPMENT, VEHICLES, ETC. THIS INCLUDES MANUFACTURING EQUIPMENT, AGRICULTURE/MINING EQUIPMENT, WATERCRAFT, AUTOMOTIVES, AIRCRAFT/SPACECRAFT, TRAINS, FACTORY AUTOMATION, ROBOTICS, CAM – COMPUTER AIDED MANUFACTURING, UTILITY/NATURAL RESOURCE PROCESSING EQUIPMENT, CHEMICAL PROCESSING EQUIPMENT, ETC.)
_____	MEDICAL PURPOSE APPLICATIONS/END USES (THIS CATEGORY INCLUDES TECHNOLOGY THAT IS UTILIZED TO PERFORM MEDICAL DIAGNOSTICS, MEDICAL THERAPEUTICS, PATIENT CARE/TREATMENT, MEDICAL ALERT, LIFE SCIENCES/BIO TECHNOLOGY RESEARCH & DEVELOPMENT, CLINICAL TRIAL MANAGEMENT, ETC. THIS CATEGORY IS NOT INTENDED FOR BUSINESS OPERATION APPLICATIONS/END USES SUCH AS MEDICAL BILLING, PATIENT SCHEDULING, GENERAL OFFICE MANAGEMENT, AND SUPPLY CHAIN MANAGEMENT FOR MEDICAL SERVICE PROVIDERS.)
_____	MILITARY/DEFENSE APPLICATIONS/END USES (THIS CATEGORY INCLUDES GUIDANCE SYSTEMS TECHNOLOGY, VEHICLE/EQUIPMENT TRACKING SYSTEMS, WEAPON TARGETING SYSTEMS, WARFARE SYSTEMS, FRIENDLY VERSUS HOSTILE IDENTIFICATION SYSTEMS, WARNING SYSTEMS INCLUDING RADAR, SONAR, ETC. THIS CATEGORY DOES NOT INCLUDE GENERAL OFFICE MANAGEMENT, ACCOUNTING, SUPPLY CHAIN MANAGEMENT, NON-COMBAT RELATED ACTIVITIES PERFORMED FOR MILITARY CUSTOMERS.)
_____	FIRE/PHYSICAL SECURITY/EMERGENCY APPLICATIONS/END USES (THIS CATEGORY INCLUDES INFORMATION TECHNOLOGY THAT IS UTILIZED TO DETECT, NOTIFY AND/OR RESPOND TO EMERGENCY AND/OR PHYSICAL SECURITY TYPE APPLICATIONS INCLUDING ALARM SYSTEMS, FIRE SUPPRESSION TECHNOLOGY/CONTROLS, PHYSICAL SECURITY DEVICES, EMERGENCY RESPONSE TECHNOLOGIES, SCIENTIFIC/WEATHER WARNING SYSTEMS, SEISMIC ACTIVITY MEASUREMENT DEVICES, ETC.)

<hr/>	INFORMATION & COMPUTER SYSTEMS SECURITY ADVICE/PRODUCTS (THIS CATEGORY INCLUDES CONSULTING AND PRODUCTS RELATED TO INTRUSION DETECTION, PENETRATION TESTING, VULNERABILITY ASSESSMENT, VIRUS/MALICIOUS CODE DETECTION & REMOVAL, ETC. THIS CATEGORY DOES NOT INCLUDE SYSTEM INTEGRATION ACTIVITIES WHERE THE APPLICANT MAY BE INVOLVED WITH THE INSTALLATION OF SECURITY SOFTWARE MANUFACTURED BY OTHERS)
<hr/>	ARCHITECT/ENGINEERING/CAD (COMPUTER AIDED DESIGN) APPLICATIONS/END USES (THIS CATEGORY INCLUDES TECHNOLOGY PRODUCTS AND SERVICES THAT ARE UTILIZED FOR ARCHITECTURAL AND ENGINEERING DESIGN PURPOSES. THESE PRODUCTS ARE UTILIZED TO ASSIST IN THE DESIGN OF BUILDINGS, BRIDGES, PHYSICAL STRUCTURES, PRODUCTS, MANUFACTURED GOODS, ELECTRONICS, ETC.)
<hr/>	COMMUNICATION SERVICES (THIS CATEGORY INCLUDES VOICE AND DATA COMMUNICATION SERVICES INCLUDING INFORMATION NETWORK CONNECTIVITY, INTERNET ACCESS SERVICES, LOCAL & LONG DISTANCE TELEPHONE SERVICES, VOICE OVER INTERNET PROTOCOL (VoIP) SERVICE, WIRELESS COMMUNICATION SERVICE, ETC.)
<hr/>	INFORMATION NETWORK MANAGEMENT AND MAINTENANCE SERVICES (THIS CATEGORY INCLUDES INFORMATION NETWORK MANAGEMENT AND MAINTENANCE, AS WELL AS, INSTALLATION AND INTEGRATION OF COMPUTER HARDWARE AND SOFTWARE FOR OTHERS).
<hr/>	HOMELAND SECURITY APPLICATIONS/END USES (THIS CATEGORY INCLUDES TECHNOLOGY PRODUCTS AND SERVICES THAT ARE SPECIFICALLY DESIGNED TO ASSIST IN HOMELAND SECURITY INITIATIVES OF THE UNITED STATES GOVERNMENT. THIS MAY INCLUDE APPLICATIONS/END USES THAT ASSIST THE GOVERNMENT WITH DETECTION, TRACKING, NOTIFICATION, RESPONSE, ETC. TO A SITUATION THAT THREATENS THE SECURITY OF THE UNITED STATES.)
<hr/>	HUMAN RESOURCES (THIS CATEGORY INCLUDES TECHNOLOGY PRODUCTS AND SERVICES THAT PERFORM OR ASSIST WITH PERFORMING HUMAN RESOURCE FUNCTIONS – BENEFITS ENROLLMENT, EMPLOYEE PERFORMANCE MONITORING/MANAGEMENT, ETC.)
<hr/>	FINANCIAL SOFTWARE (FUNDS TRANSFER, TRADING, FINANCIAL MODELING) (THIS CATEGORY INCLUDES TECHNOLOGY PRODUCTS AND SERVICES THAT ARE INVOLVED IN REAL-TIME FINANCIAL TRANSACTIONS AND ANALYTICS. THIS INCLUDES FINANCIAL ASSET MANAGEMENT APPLICATIONS, SUCH AS, INVESTMENT MODELING, STOCK/BOND TRADING, FUNDS TRANSFER, FINANCIAL INSTITUTION OPERATIONAL APPLICATIONS, ETC.)
<hr/>	ACCOUNTING SOFTWARE (THIS CATEGORY INCLUDES TECHNOLOGY PRODUCTS AND SERVICES THAT PERFORM GENERAL ACCOUNTING FUNCTIONS. THIS CATEGORY DOES NOT INCLUDE APPLICATIONS THAT MANAGE FINANCIAL TRANSACTIONS THAT ARE REAL-TIME SENSITIVE – SEE FINANCIAL SOFTWARE)
<hr/>	POLLUTION/ENVIRONMENTAL TESTING & REMEDIATION (THIS CATEGORY INCLUDES TECHNOLOGY PRODUCTS AND SERVICES THAT ARE UTILIZED TO DETECT, MONITOR, ANALYZE ENVIRONMENTAL CONDITIONS AND/OR ASSIST WITH REMEDIATION ACTIVITIES)
<hr/>	ADMINISTRATIVE (THIS CATEGORY INCLUDES TECHNOLOGY PRODUCTS AND SERVICES THAT ARE UTILIZED TO CONDUCT GENERAL BUSINESS FUNCTIONS INCLUDING BILLING, SALES, MARKETING, ETC. INCLUDING ENTERPRISE RESOURCE PLANNING (ERP), SUPPLY CHAIN MANAGEMENT(SCM), AND OTHER LOGISTICS APPLICATIONS UTILIZED FOR BUSINESS OPERATIONS)
<hr/>	SUPPLYING INTERNET CONTENT FOR OTHERS
<hr/>	OTHER (DESCRIBE FULLY)
	<hr/>
	<hr/>

7. Does the insured outsource or sub-contract any of their services? _____
 If yes, list all outsourced/ subcontracted services and their purposes: _____
8. Does the insured perform/ provide accounting, architectural, engineering, legal, medical, health-related, nutritional or insurance advice/ content/services for others? _____ If yes, please explain: _____

9. In the past three years, have you had any claims resulting from your technology services/products or are you aware of any situation or circumstance that could give rise to a claim? _____ If yes, explain below.

10. In the past three years, have you sued a customer for failure to pay for products or services rendered? _____
If yes, please explain: _____
11. Please provide the following information on your customers & contracts:
Average customer contract size? \$ _____
Average length/term of customer contract? _____
Who is your largest customer? _____
What is your largest customer contract size? \$ _____
What is the length/term of your largest customer contract? _____
12. What percentage of your work, services or products are sold or executed using non-standard contracts or contracts supplied by the customer? _____
13. Are you responsible for your customer's data as part of the technology services you provide? _____
If yes, how often do you back up software and applicable data essential to the customer's operations:
_____ Daily _____ Weekly _____ Monthly _____ Other _____ Do not perform back up
If other, please explain: _____
If do not perform back up, please explain: _____
14. Does the insured's web site or operations include any of the following activities? (select all that apply)
_____ Business to Business e-commerce transactions (i.e. the exchange of products/ services between businesses via the internet)
_____ Business to Consumer e-commerce transactions (i.e. the exchange of products/ services between business and consumers via the internet)
_____ Exchange to Exchange e-commerce transactions (i.e. the exchange of information between web sties that act as brokers for products. Services exchanged between businesses)
_____ Auction Services
_____ Downloadable music, videos, previously published materials or other types of copyrighted materials
_____ Children focused content (site dedicated to enteraining children that amy include email capabilities, chat rooms, game/ content downloads, marketing/ selling of consumer goods)
_____ Gaming/ Gambling
_____ Advertising of products/ services other than your own
_____ Links to web sites of others including deep linking and meta tags
_____ Bulletin Boards
_____ None of the Above
15. Do you utlitize content or services of others/ in your operations or technology services/ products? _____
If yes, do you obtain appropriate written consents, releases and rights for content or services provided by others? _____

16. Which of the following provisions are included in contracts you enter into with customers? (check all that apply):

- _____ Disclaimer of Liability
- _____ Limitation of Liability
- _____ Warranty Disclaimers
- _____ Remedy for Disputes or Breaches
- _____ Indemnification/ hold harmless agreements
- _____ Arbitration
- _____ Choice of Law
- _____ Force Majeure
- _____ None of the Above

SIGNING THIS FORM DOES NOT BIND THE APPLICANT FIRM OR THE COMPANY TO COMPLETE THE INSURANCE. APPLICATION MUST BE SIGNED AND DATED BY AN OWNER, PARTNER OR OFFICER OF THE APPLICANT FIRM.

APPLICANT'S STATEMENT: I, being duly authorized, have read the above application and declare to the best of my knowledge and belief all of the foregoing statements are true, and that these statements are offered as an inducement to the Company to issue the policy for which I am applying. (Kansas: This does not constitute a warranty).

Authorized Signature: _____

Title: _____

Print Name: _____

Date: _____

Producer's Signature: _____

Title: _____

Print Name: _____

Date: _____

License Identification Number or National Producer Number: _____
(Florida Producers must provide License Identification Number)

For Utah Applicants Only:

ANY MATTER IN DISPUTE BETWEEN YOU AND THE COMPANY MAY BE SUBJECT TO ARBITRATION AS AN ALTERNATIVE TO COURT ACTION PURSUANT TO THE RULES OF (THE AMERICAN ARBITRATION ASSOCIATION OR OTHER RECOGNIZED ARBITRATOR), A COPY OF WHICH IS AVAILABLE ON REQUEST FROM THE COMPANY. ANY DECISION REACHED BY ARBITRATION SHALL BE BINDING UPON BOTH YOU AND THE COMPANY. THE ARBITRATION AWARD MAY INCLUDE ATTORNEY'S FEES IF ALLOWED BY STATE LAW AND MAY BE ENTERED AS A JUDGEMENT IN ANY COURT OF PROPER JURISDICTION.

FRAUD WARNING STATEMENTS

ARKANSAS APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

COLORADO APPLICANTS: IT IS UNLAWFUL TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES, AND DENIAL OF INSURANCE AND CIVIL DAMAGES. ANY INSURANCE COMPANY OR AGENT OF AN INSURANCE COMPANY WHO KNOWINGLY PROVIDES FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO A POLICY HOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICY HOLDER OR CLAIMANT WITH REGARD TO A SETTLEMENT OR AWARD PAYABLE FROM INSURANCE PROCEEDS SHALL BE REPORTED TO THE COLORADO DIVISION OF INSURANCE WITHIN THE DEPARTMENT OF REGULATORY AGENCIES.

DISTRICT OF COLUMBIA APPLICANTS: WARNING IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT."

FLORIDA APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

HAWAII APPLICANTS: FOR YOUR PROTECTION, HAWAII LAW REQUIRES YOU TO BE INFORMED THAT PRESENTING A FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT IS A CRIME PUNISHABLE BY FINES OR IMPRISONMENT, OR BOTH.

KENTUCKY APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME.

LOUISIANA APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

MAINE APPLICANTS: IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES OR A DENIAL OF INSURANCE BENEFITS.

NEW JERSEY APPLICANTS: ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

NEW MEXICO APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.

NEW YORK APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY MATERIAL FACT THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME, AND SHALL BE ALSO SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.

OHIO APPLICANTS: ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD.

OKLAHOMA APPLICANTS: WARNING: ANY PERSON WHO KNOWINGLY, AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER, MAKES ANY CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY.

OREGON APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD OR SOLICIT ANOTHER TO DEFRAUD AN INSURER: (1) BY SUBMITTING AN APPLICATION OR; (2) FILING A CLAIM CONTAINING A FALSE STATEMENT AS TO ANY MATERIAL FACT MAYBE VIOLATING STATE LAW.

PENNSYLVANIA APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

TENNESSEE: IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS.

VIRGINIA APPLICANTS: IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS.

WEST VIRGINIA: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

First State Insurance Company Hartford Accident and Indemnity Company Hartford Casualty Insurance Company Hartford Fire Insurance Company Hartford Insurance Company of Illinois Hartford Insurance Company of the Midwest Hartford Insurance Company of the Southeast Hartford Lloyd's Insurance Company Hartford Underwriters Insurance Company New England Insurance Company	New England Reinsurance Corporation Nutmeg Insurance Company Omni Indemnity Company Omni Insurance Company Pacific Insurance Company, Limited Property and Casualty Insurance Company of Hartford Sentinel Insurance Company, Ltd. Trumbull Insurance Company Twin City Fire Insurance Company
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FAILSAFE® MEGA TECHNOLOGY

ERRORS OR OMISSIONS LIABILITY RENEWAL SUPPLEMENTAL APPLICATION

This is claims first made and reported in writing coverage. Covered claim expenses and damages above the retention amount are payable under this Coverage Part, reduce and may exhaust the limits of liability. We shall not be liable for claim expenses or damages after exhaustion of the applicable limit of liability.

Insured's Contact Information

Insured's Name _____
Policy Number _____
Address: _____
Phone #: _____
Website Address: _____
Email Address: _____

Requested Limit:

- | | |
|---|---|
| <input type="checkbox"/> \$300,000/ \$300,000 | <input type="checkbox"/> \$1,000,000/ \$4,000,000 |
| <input type="checkbox"/> \$500,000/ \$500,000 | <input type="checkbox"/> \$1,000,000/ \$5,000,000 |
| <input type="checkbox"/> \$500,000/ \$1,000,000 | <input type="checkbox"/> \$2,000,000/ \$2,000,000 |
| <input type="checkbox"/> \$1,000,000/ \$1,000,000 | <input type="checkbox"/> \$3,000,000/ \$3,000,000 |
| <input type="checkbox"/> \$1,000,000/ \$2,000,000 | <input type="checkbox"/> \$4,000,000/ \$4,000,000 |
| <input type="checkbox"/> \$1,000,000/ \$3,000,000 | <input type="checkbox"/> \$5,000,000/ \$5,000,000 |

Requested Retention:

- ☐ \$2,500* ☐ \$5,000 ☐ \$10,000 ☐ \$15,000 ☐ \$25,000 ☐ \$50,000 ☐ \$75,000

* A \$2,500 Retention is not available for limits of \$2,000,000/ \$2,000,000 or greater.

1. Expertise:

_____ Total Number of Employees
_____ Average Years of Professional Experience in Technology Services
_____ Number of Independent Contractors you have under contract

2. Revenues:

Revenue for Projected Fiscal Period:

_____ Total revenue generated from insured's web site
_____ Total revenue from foreign sales
_____ Operating Expenses

3. Does the insured outsource or sub-contract any of their services? _____

If yes, list all outsourced/ subcontracted services and their purposes: _____

4. Does the insured perform/ provide accounting, architectural, engineering, legal, medical, health-related, nutritional or insurance advice/ content/services for others? _____ If yes, please explain: _____

5. In the past three years, have you had any claims resulting from your technology services/products or are you aware of any situation or circumstance that could give rise to a claim? _____ If yes, explain below.

6. In the past three years, have you sued a customer for failure to pay for products or services rendered? _____
If yes, please explain: _____
7. Please describe any changes to the Technology Products and Services you offer that you have made in the past twelve months: _____
8. Please describe any additional Technology Products and Services that you will offer in the upcoming twelve months: _____
9. Please provide the following information on your customers & contracts:
Average customer contract size? \$ _____
Average length/term of customer contract? _____
Who is your largest customer? _____
What is your largest customer contract size? \$ _____
What is the length/term of your largest customer contract? _____
10. What percentage of your work, services or products are sold or executed using non-standard contracts or contracts supplied by the customer? _____
11. Are you responsible for your customer's data as part of the technology services you provide? _____
If yes, how often do you back up software and applicable data essential to the customer's operations:
_____ Daily _____ Weekly _____ Monthly _____ Other _____ Do not perform back up
If other, please explain: _____
If do not perform back up, please explain: _____
12. Does the insured's web site or operations include any of the following activities? (select all that apply)
- _____ Business to Business e-commerce transactions (i.e. the exchange of products/ services between businesses via the internet)
 - _____ Business to Consumer e-commerce transactions (i.e. the exchange of products/ services between business and consumers via the internet)
 - _____ Exchange to Exchange e-commerce transactions (i.e. the exchange of information between web sties that act as brokers for products. Services exchanged between businesses)
 - _____ Auction Services
 - _____ Downloadable music, videos, previously published materials or other types of copyrighted materials
 - _____ Children focused content (site dedicated to enteraining children that amy include email capabilities, chat rooms, game/ content downloads, marketing/ selling of consumer goods)
 - _____ Gaming/ Gambling

- _____ Advertising of products/ services other than your own
- _____ Links to web sites of others including deep linking and meta tags
- _____ Bulletin Boards
- _____ None of the Above

13. Do you utilize content or services of others/ in your operations or technology services/ products? _____

If yes, do you obtain appropriate written consents, releases and rights for content or services provided by others? _____

14. Which of the following provisions are included in contracts you enter into with customers? (check all that apply):

- _____ Disclaimer of Liability
- _____ Limitation of Liability
- _____ Warranty Disclaimers
- _____ Remedy for Disputes or Breaches
- _____ Indemnification/ hold harmless agreements
- _____ Arbitration
- _____ Choice of Law
- _____ Force Majeure
- _____ None of the Above

SIGNING THIS FORM DOES NOT BIND THE APPLICANT FIRM OR THE COMPANY TO COMPLETE THE INSURANCE. APPLICATION MUST BE SIGNED AND DATED BY AN OWNER, PARTNER OR OFFICER OF THE APPLICANT FIRM.

APPLICANT'S STATEMENT: I, being duly authorized, have read the above application and declare to the best of my knowledge and belief all of the foregoing statements are true, and that these statements are offered as an inducement to the Company to issue the policy for which I am applying. (Kansas: This does not constitute a warranty).

Authorized Signature: _____

Title: _____

Print Name: _____

Date: _____

Producer's Signature: _____

Title: _____

Print Name: _____

Date: _____

License Identification Number or National Producer Number: _____

(Florida Producers must provide License Identification Number)

For Utah Applicants Only:

ANY MATTER IN DISPUTE BETWEEN YOU AND THE COMPANY MAY BE SUBJECT TO ARBITRATION AS AN ALTERNATIVE TO COURT ACTION PURSUANT TO THE RULES OF (THE AMERICAN ARBITRATION ASSOCIATION OR OTHER RECOGNIZED ARBITRATOR), A COPY OF WHICH IS AVAILABLE ON REQUEST FROM THE COMPANY. ANY DECISION REACHED BY ARBITRATION SHALL BE BINDING UPON BOTH YOU AND THE COMPANY. THE ARBITRATION AWARD MAY INCLUDE ATTORNEY'S FEES IF ALLOWED BY STATE LAW AND MAY BE ENTERED AS A JUDGEMENT IN ANY COURT OF PROPER JURISDICTION.

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First State Insurance Company Hartford Accident and Indemnity Company Hartford Casualty Insurance Company Hartford Fire Insurance Company Hartford Insurance Company of Illinois Hartford Insurance Company of the Midwest Hartford Insurance Company of the Southeast Hartford Lloyd's Insurance Company Hartford Underwriters Insurance Company New England Insurance Company	New England Reinsurance Corporation Nutmeg Insurance Company Omni Indemnity Company Omni Insurance Company Pacific Insurance Company, Limited Property and Casualty Insurance Company of Hartford Sentinel Insurance Company, Ltd. Trumbull Insurance Company Twin City Fire Insurance Company
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SERFF Tracking Number:	HART-125343216	State:	Arkansas
First Filing Company:	Hartford Casualty Insurance Company, ...	State Tracking Number:	
Company Tracking Number:	FN.07.883.2007.27		
TOI:	05.0 Commercial Multi-Peril - Liability & Non- Liability	Sub-TOI:	05.0003 Commercial Package
Product Name:	Tech E&O Application Filing		
Project Name/Number:	Spectrum/FN.07.883.2007.27		

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: HART-125343216 State: Arkansas
First Filing Company: Hartford Casualty Insurance Company, ... State Tracking Number:
Company Tracking Number: FN.07.883.2007.27
TOI: 05.0 Commercial Multi-Peril - Liability & Non- Sub-TOI: 05.0003 Commercial Package
Liability
Product Name: Tech E&O Application Filing
Project Name/Number: Spectrum/FN.07.883.2007.27

Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-Property & Casualty
Review Status: Approved 11/05/2007
Comments:
Attached is the Uniform Transmittal Document-Property & Casualty.
Attachment:
PCTD1.pdf

Satisfied -Name: Explanatory Memorandum
Review Status: Approved 11/05/2007
Comments:
Attached is the Explanatory Memorandum.
Attachment:
Countrywide Form Explanatory.pdf

Property & Casualty Transmittal Document

1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use only a. Date the filing is received: b. Analyst: c. Disposition: d. Date of disposition of the filing: e. Effective date of filing: <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">New Business</td> <td style="width: 50%;"></td> </tr> <tr> <td>Renewal Business</td> <td></td> </tr> </table> f. State Filing #: g. SERFF Filing #: h. Subject Codes	New Business		Renewal Business	
New Business					
Renewal Business					

3. Group Name	Group NAIC #
Hartford Financial Services Group	00914

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
Hartford Fire Ins. Co.	Connecticut	00914-19682	06-0383750	
Hartford Accident & Indemnity Co.	Connecticut	00914-22357	06-0383030	
Hartford Casualty Ins.Co.	Indiana	00914-29424	06-0294398	
Hartford Underwriters Ins. Co.	Connecticut	00914-30104	06-1222527	
Twin City Fire Ins.Co.	Indiana	00914-29459	06-0732738	
Hartford Ins. Co. of the Midwest	Indiana	00914-37478	06-1008026	
Property & Casualty Ins. Co. of Hartford	Indiana	00914-34690	06-1276326	

5. Company Tracking Number	FN.07.883.2007.27
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Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6.	Name and address	Title	Telephone #s	FAX #	e-mail
	Hartford Plaza, Hartford, CT 06115		860-547-	860-547-	@TheHartford.com
7.	Signature of authorized filer		<i>Cheryl Slock</i>		
8.	Please print name of authorized filer		Cheryl Slock		

Filing information (see General Instructions for descriptions of these fields)

9. Type of Insurance (TOI)	CMP
10. Sub-Type of Insurance (Sub-TOI)	Spectrum (BOP)
11. State Specific Product code(s) (if applicable)[See State Specific Requirements]	5.1. 5.2
12. Company Program Title (Marketing title)	
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input checked="" type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)
14. Effective Date(s) Requested	New: 1/1/08 Renewal: 1/1/08
15. Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
16. Reference Organization (if applicable)	
17. Reference Organization # & Title	
18. Company's Date of Filing	11/1/07
19. Status of filing in domicile	<input type="checkbox"/> Not Filed <input checked="" type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

Property & Casualty Transmittal Document—

20.	This filing transmittal is part of Company Tracking #	FN.07.883.2007.27
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21.	Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
<p>The purpose of this filing is to update our application(s) for our FailSafe MEGA Technology Errors and Omissions Liability Coverage.</p>	

22.	Filing Fees (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below]
<p>Check #: N/A - EFT Amount: \$50.00</p> <p>Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.</p>	

***Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)

EXPLANATORY MEMORANDUM – FORMS SPECTRUM POLICY - COUNTRYWIDE

Purpose

The purpose of this filing is to update our application(s) for our FailSafe MEGA Technology Errors or Omissions Liability Coverage.

NEW FORM

1. FailSafe MEGA™ Technology Errors or Omissions Liability Coverage Form SS 20 69 10 07
Renewal Supplemental Application

REVISED FORM

1. FailSafe MEGA™ Technology Errors or Omissions Liability Coverage Form SS 02 47 10 07
Supplemental Application

WITHDRAWN FORM

1. FailSafe MEGA Technology Errors or Omissions Liability Coverage Form SS 02 47 08 01
Supplemental Application

1. FailSafe MEGA Technology Errors or Omissions Liability Supplemental Application Form SS 02 47 10 07

This application is used to obtain the information required to underwrite Fail**Safe** MEGA Technology Errors or Omissions Liability coverage. The application has been updated to better capture the necessary underwriting information needed. It has also been updated to include the appropriate fraud warning statements, limit options and retention options.

2. FailSafe MEGA™ Technology Errors or Omissions Liability Coverage Renewal Supplemental Application Form SS 20 69 10 07

This application is used to obtain the information required to underwrite Fail**Safe** MEGA Technology Errors or Omissions Liability coverage renewals.

Prepared By:

Jennifer Wilson

Jennifer Wilson
Spectrum Product Specialist
Applied Research and Product Development
The Hartford Financial Services Group
(860) 547-5972
Jennifer.Wilson@thehartford.com

